



Memorial Brick Form

Thank you for your interest in donating to the National Skydiving Museum. Please complete the following form.

Name: _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Phone Number: _____

I would like to buy a memorial brick (\$1,000)

Message on Brick (dashes indicate # of spaces available)

1st line _____

2nd line _____

3rd line _____

Please PRINT exactly how you would like to be acknowledged for your donation in our publications: _____

Method of Payment

Enclosed is my check payable to the **National Skydiving Museum**

Please charge my credit card (AX/MC/VISA/Discover) for the full amount **OR** charge my credit card in monthly payments of \$_____ beginning immediately.

Account #: _____ Exp. Date: _____

Name as it appears on Card: _____

Please invoice me.

I would like to make a general donation to the National Skydiving Museum in the amount of \$_____.

I would like to learn more about donor opportunities for the Nat. Skydiving Museum.

I would like to receive updates on the museum's progress.

National Skydiving Museum
5401 Southpoint Centre Blvd.
Fredericksburg, VA 22407
(P)540-604-9745 (F)540-604-9741
www.skydivingmuseum.org/nkemble@skydivingmuseum.org

*Your donation is fully tax deductible.
A letter stating your donation will be mailed to you shortly.*